



# **FOCUSING FEEDBACK ON INTERPERSONAL SKILLS: A WORKSHOP FOR STANDARDIZED PATIENTS, 3rd Edition**

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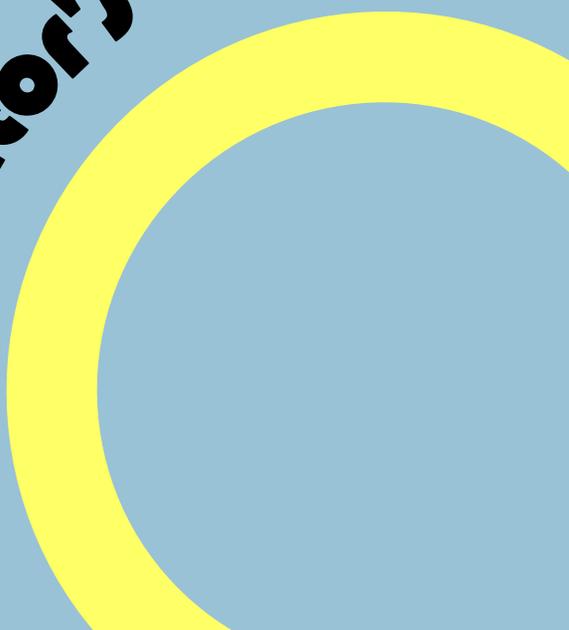
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2005 (previous editions 1996, 1998)

**Facilitator's Guide**



## **PREFACE**

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As Standardized Patient Trainers, you recognize that the feedback given to the medical student by the Standardized Patient following the interview is a vital component within this methodology. In order to maximize these sessions, Standardized Patients must give effective feedback to the medical student regarding their interpersonal communication skills, as well as share information about the clinical content of the interview. Without proper training in this area, the SP feedback session will not be as productive, and may even be harmful, to the education of the medical student. The following instruction has been designed to meet this need.

We are confident that these materials will be advantageous, however we welcome any comments which you may have for improvement. Please fill out the evaluation form in Part IV and return it to the address below so that we may improve upon the design and add to the instruction. Alternatively, you may complete an on-line evaluation form located at the following Internet address:

<http://intercom.virginia.edu/SurveySuite/Surveys/FeedbackWorkshop>

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## **ACKNOWLEDGMENTS**

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At the time of the initial development of this manual, the authors were doctoral students at the University of Virginia Curry School of Education.

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Since 1996, many Standardized Patient Educators across the U.S. and worldwide have used these materials. We sincerely appreciate those SP educators who have provided their excellent "feedback" on the workshop, particularly Tamara Owens, Denise Segura, Kathy Schaivone, Rachel Yudkowsky, and Rose Zaeske. Thank you for sharing your expertise and experiences in order to improve this instruction.

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## FOCUSING FEEDBACK ON INTERPERSONAL SKILLS: A WORKSHOP FOR STANDARDIZED PATIENTS

### FACILITATOR'S GUIDE

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## PART I: Introduction

### A. Content

#### *What is a Standardized Patient?*

The education of knowledgeable, competent, committed and caring physicians is vital in order to meet the medical needs of society. Health care providers who have an understanding of the physical and mental components of an illness, and appreciate the physician-patient relationship are necessary for the provision of quality medical services.

In addition to the technical skills needed to apply a given technique to secure a diagnosis, conduct an evaluation, or provide prescribed treatment, competent medical practice requires skill in interpersonal relationships and communication. Interpersonal skills are necessary and essential when physicians are called upon to offer support and encouragement to their patients, when they interpret information or technical data at the level of their patients' understanding, and when they educate both the patient and the patient's family.

The doctor-patient relationship is a topic of increasing importance in the curriculum of medical schools and residency programs throughout the country. Research studies and expert opinions strongly support this need for communication among doctors and patients. Standardized patients have been used in medical education to improve the technical as well as the interpersonal and communication skills of students and residents. This practice

dates back to the early 1960's when Howard S. Barrows, M.D., began coaching persons to play a particular role in order to assess the skills of medical students in a safe environment. These "Programmed Patients", as Barrows referred to them, included extensive histories of actual patients relaying factual information as well as the appropriate body language and emotional responses.

Today, Standardized Patients (SPs) are paid nonprofessionals trained to engage in a medical encounter in order to observe the clinical skills of learners and to provide them with constructive feedback. These SPs memorize cases which are based upon actual patients' histories and symptoms. The simulated interview is often videotaped and later reviewed by the learner and a faculty mentor. These clinical exercises afford students and residents the opportunity to practice their interviewing, examination, and diagnostic skills and to receive constructive feedback within a safe environment designed specifically for instruction. Advantages of this methodology are that it:

- Allows for standardized presentation,
- Allows for accurate assessment and comparison among students,
- Allows for the situation and level of interview difficulty to be controlled, and
- Allows students to practice specific skills in a safe and non-threatening environment.

### ***Why is this instruction important?***

Think for a moment of personal interactions that you have had with physicians with whom you have come into contact over the years. There will be those that stand out in your memory as being positive experiences and some that do not. Ask the question to practically anyone and the experience is virtually the same. Without a great deal of thought, people can tell you the interactions that stand out in their mind because they were either good or bad experiences. The positive memories that we have experienced generally involved an interaction where the physician communicated a caring and respectful attitude. They treated us as a unique individual and left us feeling understood and helped.

Empirical evidence suggests that immediate feedback from trained SPs serves as a valuable instructional tool to medical students and residents (Howley & Martindale, 2004; Leeper-Majors, Veal, Westbrook, & Reed, 2003; Levenkron, Greenland & Bowley, 1990). Standardized Patients are in a position to exert a positive influence upon the development of the interpersonal skills in the medical students with whom they come into contact. Therefore, they must be familiar with these skills, and have developed competence in providing appropriate feedback. As a trainer of SPs, you are in a special position to help them learn how to target interpersonal skills as a focus of feedback and to influence the communication of that feedback in a positive and constructive way.

### ***Who is intended to use these instructional materials?***

The materials have been specifically designed for use by trainers of Standardized Patients, who work in medical education programs which emphasize the importance of the interpersonal relationship of the physician and the patient.

The materials were designed to be implemented as a workshop for 6-16 persons. It was determined that workshops were the most commonly utilized method for SP training, and thus the most reasonable and familiar learning method.

SPs taking this workshop are expected to understand the role that feedback plays in the communication cycle, and to recognize the impact of the feedback given to the medical student immediately following the interaction. SPs participants are also expected to understand their role in the SP Program (session objectives, oral and/or written feedback delivery, etc.)

Although the authors believe that the SP can play a valuable role in assisting the student in fostering appropriate interpersonal skills, we recognize that this may not be appropriate for certain courses within medical education who may not want the SP to deliver instruction related to communication skills. For this reason, please feel free to adapt the materials to fit your individual needs. In other words, delete sections requiring SPs to specify desired behavior changes and communicate consequences.

In addition to the suggestions above, we welcome your adaptations of this instruction and modifications of its delivery. Feel free to use the materials as prescribed or sections/components you feel are most appropriate to suit your program and learner's needs.

### ***What are the objectives of this instruction and what specific content does it address?***

The **mission objective** is to train professional medical students who not only understand disease physiology, diagnosis, and treatment, but who also understand the importance of establishing a relationship with

their patients. This mission is consistent with the following statement by Sir William Osler:

***"It is much more important to know what sort of patient has a disease, than what sort of disease the patient has."***

As stated above, SPs can play an important role in developing the interpersonal skills of medical students. The **Goal** of this instruction is to foster the Standardized Patient's ability to give clear, non-evaluative, descriptive feedback regarding the interpersonal skills demonstrated by the medical student during the interview.

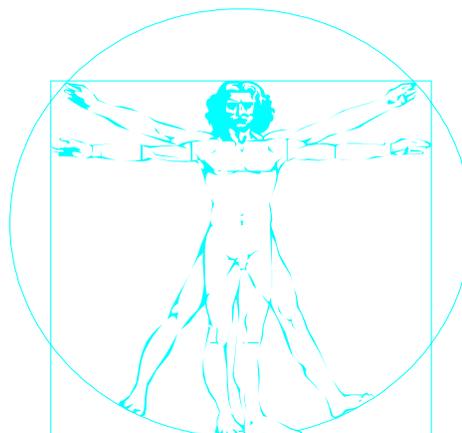
The **Learning Objectives** for this instruction are as follows:

1. *When given a variety of examples of feedback statements, SPs will be able to explain why or why not each example of feedback meets or fails to meet the criteria to be both nonevaluative and descriptive.*
2. *Given the opportunity to view a videotape of a medical student-standardized patient interaction, the SPs will classify their observations of the medical student's use of verbal, paraverbal, and non-verbal communication skills as either appropriate and therapeutic or inappropriate and non-therapeutic or counter-therapeutic.*
3. *Given the opportunity to view a videotape of a medical student-standardized patient interaction, the SPs will generate and express non-evaluative, descriptive feedback statements to commend and reinforce well developed verbal, paraverbal, and non-verbal skills or to appropriately confront deficits in verbal, paraverbal, and non-verbal skills exhibited by the medical students.*

For benefit of the SPs, the **participants' objectives** have been distilled as follows :

*As a result of participating in the Focusing Feedback on Interpersonal Skills Workshop, you will:*

- ⊕ **reflect** on your ability to provide quality, constructive feedback
- ⊕ **refine** your knowledge of the interpersonal skills essential to a therapeutic relationship
- ⊕ **further develop** your observation skills in the area of interpersonal skills
- ⊕ **practice** giving constructive feedback in a supportive, instructional environment



## B. Materials

### *What supplies and materials are needed to put on this workshop?*

You will need to make sure that you have the following items available:

QUANTITY	ITEM
1	Facilitator's Manual
One for each participant	Participant's Packets (Section III) - Each to include: <ul style="list-style-type: none"> <li>1 Workshop Schedule</li> <li>1 Sheet entitled "Workshop Objectives"</li> <li>4 Sheets entitled "Working List of Interpersonal Skills"</li> <li>1 Sheet entitled "Feedback Review Sheet"</li> <li>1 Sheet entitled "Checklist for Delivering Constructive Feedback"</li> <li>1 Sheet entitled "Participant Evaluation"</li> </ul> Pen Clipboard Optional Role Play Activity Materials (1 sheet per group of 3, cut into thirds) Sheet entitled "Pre-Test" (Optional) Sheet entitled "Post-Test" (Optional)
One for each participant and facilitator	Chairs
1	*Flip chart (or overhead projector or blackboard)
3	Large Markers
1	Video cassette player
1	**Video cassette tapes
1	Television or monitor

\*We recommend the use of a flip chart or overhead projector because this allows you to preprint a large amount of information prior to the workshop. If you must use a blackboard, we recommend that you deliver the examples in another manner (i.e., handouts, verbally). Please keep this in mind as we refer to the use of a flip chart throughout the instruction.

\*\*Select three videotaped demonstrations for review. Ideally, these demonstrations will represent realistic doctor-patient interactions including examples of verbal, paraverbal, and nonverbal communication.

## **C. Unit Planning**

### ***How much time is needed to present this instruction?***

This workshop is designed as a single learning experience, lasting three hours. However, Section III, “Practice Makes Perfect” can be an optional one hour session and can be completed at your discretion and convenience.

### ***How much prior planning and preparation is required?***

The pilot test of this workshop showed that 2-4 hours of preparation time by the SP Trainer was a sufficient amount for effective delivery.

### ***What responsibilities do trainers have when planning to facilitate a workshop using these materials?***

These materials are designed to eliminate the need for facilitators to research and develop content. The Facilitator's Guide will provide you with all of the information that you need to present this workshop. You will notice that this instruction is extremely detailed and directive. Feel free to adopt the materials as you see fit for you and your program's needs. The only other responsibilities that you have are in regards to making necessary arrangements, i.e. room, equipment, selecting appropriate videotaped interviews, gathering appropriate supplies and facilitating the process. The responsibilities are outlined for you on the following pages in a checklist form.

## ***Preliminary Agenda***

- \_\_\_\_\_ Arrange for meeting room and refreshments (if you choose to have them).
- \_\_\_\_\_ Reserve or make arrangements for media equipment (TV and VCR) and flip chart.
- \_\_\_\_\_ Contact intended participants by telephone 1-2 days prior to scheduled workshop to determine exact number planning to attend (unless workshop is mandatory). (*An uneven number of participants will require that the facilitator partner with one of the participants to allow that person to role play.*)
- \_\_\_\_\_ Choose three videotaped encounters (1 if excluding Section III) that are appropriate for Sections I and III. (*These encounters should be 5-15 minutes in length and focus on communication between the patient/SP) and healthcare provider.*)
- \_\_\_\_\_ Arrange room. (see Room Arrangement Diagram, pg. 42)
- \_\_\_\_\_ Pre-print three pages of the flip chart with one of the following titles: 1) Verbal Skills, 2) Paraverbal Skills, 3) Nonverbal Skills.
- \_\_\_\_\_ Pre-print 3 more pages of a flip chart with examples of nonevaluative, evaluative, and descriptive feedback. (Refer to pages 17,18,19)
- \_\_\_\_\_ Make sure that the TV/VCR is plugged in and ready to use and that the videotape is cued up to the start of the first case.
- \_\_\_\_\_ Greet the participants as they arrive and instruct them to find a seat and dispense the participants' packets. Administer pre-test (optional).

## ***Session Agenda***

- \_\_\_\_\_ Welcome participants.
- \_\_\_\_\_ Brief introductions. Have each participant introduce themselves by name.
- \_\_\_\_\_ Introduce Section I - "Is All Feedback Created Equal?"
- \_\_\_\_\_ Follow Facilitator's Guide.
- \_\_\_\_\_ Move the flip chart into position.
- \_\_\_\_\_ Continue with Section II - "What Exactly Are Therapeutic Interpersonal Skills?".
- \_\_\_\_\_ Follow Facilitator's Guide.
- \_\_\_\_\_ Move the TV/VCR into place in the circle.
- \_\_\_\_\_ Begin Section III - "Practice Makes Perfect!"
- \_\_\_\_\_ Follow Facilitator's Guide.
- \_\_\_\_\_ Divide the group into pairs for role playing. If there is an odd number of participants the facilitator will have to assume the role of the medical student in the role play to allow his/her partner to practice giving constructive feedback.
- \_\_\_\_\_ Reconvene, summarize and closing remarks. Administer post-test (optional).

## ***Post-Session Agenda***

- \_\_\_\_\_ Return media equipment (if applicable).
- \_\_\_\_\_ Complete the Trainer Evaluation Form and mail to the given address (see Preface).
- \_\_\_\_\_ Send acknowledgment letters thanking the participants for their attendance and encouraging their use of the skills learned. (Optional)

### ***What is a typical workshop schedule?***

Review the outline of the sample schedule below that can be followed for the *"Focusing Feedback on Interpersonal Skills"* workshop. Your times may change, but it will give you an idea of the general flow of a workshop and the approximate amount of time that should be devoted to each section. A ten minute break is allotted within the three hour session, but is not included below. The optional role-play activity is not included in the sample schedule. Adhering to the schedule, as much as possible, will ensure that you complete the workshop within a sufficient amount of time.

### **SAMPLE SCHEDULE**

6:00 - 7:00 p.m.	<b><i>Introduction and Section I - "Is All Feedback Created Equal?"</i></b>
6:00 - 6:15 p.m.	Welcome & Introduction
6:15 - 7:00 p.m.	<b><i>Begin Section I "Is all feedback created equal?"</i></b>
	a. Defensive and Receptive Responses
	b. Discussion of the characteristics of constructive, helpful feedback
	c. Self-assessment of examples of feedback they have "typically" given in the past
7:00 - 7:55 p.m.	<b><i>Section II- "What Exactly Are Therapeutic Interpersonal Communication Skills?"</i></b>
7:00 - 7:20 p.m.	Identify good and poor examples of verbal, paraverbal and non-verbal communication skills using the flip chart.
7:20 - 7:35 p.m.	Review the "working list" of interpersonal skills that contribute to the establishment of a therapeutic relationship. Leave the flip chart within view.
7:35 - 7:50 p.m.	Watch a video of case #1 and complete the "Working List...".
7:50 - 7:55 p.m.	Determine, as a group, the interpersonal skills that should be targeted in this case and exactly how the feedback should be delivered.
7:55 - 8:50 p.m.	<b><i>Section III - "Practice Makes Perfect!" (Optional)</i></b>
7:55 - 8:05 p.m.	View the videotape of case #2 and complete the "Working List...".
8:05 - 8:10 p.m.	Break up into pairs. If there is an odd number of participants the facilitator will have to assume the role of the medical student/resident in the role play to allow his/her partner to practice giving constructive feedback.
8:10- 8:20 p.m.	One partner will role play giving the appropriate feedback to the medical student in the video.
8:20 - 8:25 p.m.	Reconvene, summarize, discuss application of the skills learned to their role performance as SPs.
8:25 - 8:40 p.m.	Watch videotape of case # 3 and complete the "Working List...".
8:40 - 8:45 p.m.	Reverse roles and role play the feedback session.
8:45 - 8:50 p.m.	Reconvene, summarize, and close.

## **PART II. Instructional Sequence**

### **Introduction, Entry Level Skills Test (Pre-test), and Section I: "Is All Feedback Created Equal?"**

#### **A. Pre-Test (Optional)**

*As Participants arrive, direct them to their seats and ask them to take up to 10 minutes to complete the pre-test (located in Part III). Be sure the participants do not discuss their work with each other at any point throughout the workshop. Answers will be provided at the end of the workshop.*

#### **B. Welcome and Introduction**

I would like to thank you all for coming to this workshop. As most of you know my name is \_\_\_\_\_, and I am \_\_\_\_\_ (position). I would like to begin by asking each of you to introduce yourself and give a brief description of your involvement in the Standardized patient Program here at \_\_\_\_\_.

*Allow each participant to introduce themselves (unless group is already acquainted).*

Those of you who are attending this workshop are demonstrating your personal commitment to the education of future physicians. The students you help to train will, over the course of their careers, influence the lives of thousands of individuals. On behalf of our medical school, thank you for your dedication.

**Pre-Test**

**Thank You  
&  
Introduction**

**Commitment to  
Medical  
Education**

I'd like to begin by asking you all a question.

How many of you have personally had an interaction with a physician that, let us say, was "less than optimal"? It left you feeling dissatisfied.

Now if the reason that you were dissatisfied was because of lack of medical knowledge on the part of the physician, raise your hand.

*(Survey the raised hands)*

Would anyone like to share the experience you had and why you were dissatisfied.

*(Allow 1-2 learners to share their personal experiences with the group.)*

Now allow me to ask you all another question. How many of you have ever had the opportunity to have what you considered to be a very positive interaction with a physician?

*(Survey the raised hands)*

Would one of you be willing to share that experience with the group?

*(Allow a learner to share his/her personal experience with the group.)*

As you can see from the experiences that have been shared here, in most cases our satisfaction or dissatisfaction with our interactions with

**Less than  
Optimal  
Interaction**

**Share  
experiences**

**?**

**Positive  
Interaction**

**Share  
experiences**

**?**

physicians is more dependent upon the quality of the interaction than on the medical treatment we received.

A very good reason for this is that we have access to the best health care in the world here in the United States. The medical education, training and board examination process is so rigorous that by the time a physician completes his or her training, we can feel confident that they are medically competent. Recently, the United States Medical Licensing Exam Board incorporated an SP-based performance exam into its standard written series of tests. A major goal of this new exam is to measure students'/ residents' interpersonal communications skills.

As SPs you have a special opportunity to have an impact on the development of these critical interpersonal skills. Your participation as an SP will not only prepare them to take this new exam, it will provide an educational opportunity to enhance medical students' interpersonal skills and their future practice.

We have a two fold focus - **one**, to enhance your observation skills in regards to the interpersonal skills of the medical students/residents with whom you interact, and **two**, to further develop your ability to give quality, constructive feedback in regards to those skills.

### **Satisfaction with Physician Interaction**



### **Impacting Interpersonal Skills**

#### **Workshop Focus**

- **Observation Skills**
- **Constructive Feedback**

## Objectives

The objectives for the workshop are listed for you on the sheet labeled as such in your SP packet.

During the first section of the workshop, entitled "Is All Feedback Created Equal?", you will have the opportunity to:

- ✦ *reflect* on your ability to provide quality, constructive feedback

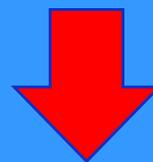
The second section of the workshop, entitled "What Exactly Are Therapeutic Interpersonal Skills?" will focus specifically on interpersonal communication. The group process is designed to result in your being able to:

- ✦ *refine* your knowledge of the interpersonal skills essential to a therapeutic relationship and
- ✦ *further develop* your observation skills in the area of interpersonal skills

The third and final section of the workshop, entitled "Practice Makes Perfect!", will provide each of you with the opportunity to:

- ✦ *practice* giving constructive feedback in a supportive, instructional environment.

## Objectives



Reflect

Refine

Develop

Practice

## C. Section I: "Is All Feedback Created Equal?"

The first section of the workshop will consider the question:

*What is the **purpose of feedback**, in general, and specifically what role does feedback play in the success of the SP program?*

Assume that I gave you the following feedback: *"You did not treat me with respect. You made me feel very uncomfortable."* How would you react? What would you do with this information?

We respond defensively when feedback is perceived as evaluative or judgmental. When the feedback is expressed in generalities, it often appears to criticize us as a person, "attacking" our character.

When feedback specifically addresses some behavior that may be in need of being changed, then we are more responsive to that feedback and are willing to listen.

Feedback that is viewed as being helpful, informative, and providing an opportunity to learn and improve skills by recognizing areas in need of change or improvement will be listened to and used constructively.

The quality of feedback that you provide to the students will directly reflect on the SP Program and medical school. If our SPs provide

### Purpose of Feedback

#### Defensive Responses

- **Critical**
- **Attacking**
- **Personal**
- **Fails to Improve Skills**

#### Constructive Feedback

- **Helpful**
- **Informative**
- **Learning**
- **Improve Skills**

evaluative or vague feedback, the students may leave the activity defensible and unclear about their skills. Therefore, our goal is to provide *constructive* feedback.

Constructive feedback consists of comments which are both non-evaluative and descriptive. Feedback is *non-evaluative* if the person giving the feedback accepts responsibility for the feedback and if the feedback excludes judgment. Generally, non-evaluative feedback takes the form of an assertive "I message." (But not all "I messages" are non-evaluative.)

People often confuse feedback and evaluation. Remember that feedback provides neutral, non-judgmental, information. Evaluation presents information based on judgment. Let's look at a couple of examples of non-evaluative feedback.

*Examples: (Pre-printed on a flip chart or a blackboard for easy viewing)*

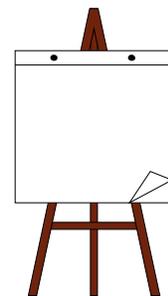
- ⊕ *When you leaned forward and reached out to touch my hand, I felt supported and cared about.* (This person is taking responsibility for his or her response to the other person's behavior and is sharing it for the other person's benefit.)
- ⊕ *I felt discounted when you continued your discussion with the nurse and did not acknowledge my presence in the room for several minutes.* (In this case the person is not blaming or criticizing the other person, but clearly letting the student know about how his behavior affected her.)

## Nonevaluative Feedback

- **Assertive "I" messages**

## Feedback vs. Evaluation

## Examples on flipchart



Can you think of another example of non-evaluative feedback that you may have given in the past?

*Respond to a raised hand.*

*Make sure that the example is a statement which accepts responsibility for his/her feelings and addresses a specific behavior.*

Let's compare non-evaluative feedback with evaluative feedback.

Feedback is *evaluative* if the person giving the feedback fails to accept responsibility for the feedback. A feedback statement that contains a message of approval or disapproval is also evaluative, such as "I liked or didn't like", or "I really appreciated or didn't appreciate..."

These examples involve expressing a personal reaction but include judgment as well. Evaluative feedback often involves some form of blame, but *always* involves focusing on the person receiving the feedback. Evaluative feedback often takes the form of a "you message."

Let's look at some examples of evaluative feedback. (*Pre-printed on a flip chart or blackboard for easy viewing*)

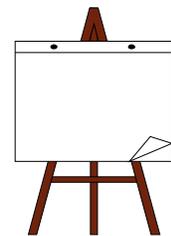
✦ *You made me feel like I was wasting your time when you kept referring to your watch.*

### Ask for an Example of Non-evaluative feedback



### Evaluative Feedback

- **No responsibility**
- **Approval or Disapproval**
- **Judgmental**
- **Blaming**



**Examples on flipchart**

- ⊕ *You did a good job of asking me questions.*  
(Feedback can be positive and still evaluative! It doesn't hurt like a critical remark.)
- ⊕ *I didn't like the way that you broke the news so abruptly!* (True or not, we want people to listen to the feedback that we have to give them.)

Can you see how these statements, whether delivering positive or negative content, involve judgment on the part of the person delivering the feedback?

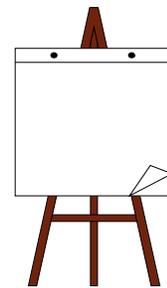
How might these examples be changed so that the same content is conveyed, but in a non-evaluative way?

Survey 2-3 examples and compare to the following examples:  
(Pre-printed on a flip chart or blackboard)

- ⊕ *When you referred to your watch three times, I felt that I was taking up your time and that I should stop talking.*
- ⊕ *I thought that the questions that you asked me were clear and to the point.*
- ⊕ *When you told me that I had cancer without any warning or preparation for the news, I was overwhelmed and felt abandoned. I think that had you prepared me for the news, I could have been better prepared to cope with the situation.*

**Examples on  
flipchart**

**Revised feedback  
?**



**Examples on  
flipchart**

Most of the feedback examples that we have used, so far, have been descriptive. Feedback is *descriptive* if it specifically refers to a particular behavior that was exhibited by the other person. Good constructive feedback gives us something specific to work on changing.

If I were to say "You're always late." Your defensive response might be to think of the one time that you were on time so you can discount the value of the feedback. If, however, I said "When you were late today, I was frustrated because it caused me to be late and I really dislike arriving late. I appreciate your willingness to be on time when we go again next week." You might be more likely to listen and make an effort to change. I've given you something very specific to work on.

This is called the "DESC" technique. You describe your behavior (D), express your feelings (E), specify the desired change in behavior (S), and then communicate any consequences (C). A review sheet that covers this technique is in your participant's packet.

Let's discuss an example that might be more appropriate for a patient.

*When you moved my gown to examine my breast before informing me of your plans, I felt uncomfortable and embarrassed. I would have preferred it if you had told me what you were planning to do. I would have felt more prepared and as relaxed as possible for the exam.*

*\*DESC technique originally developed by Bower & Bower (1976).*

## Descriptive Feedback

## DESC\*

- ⊕ Describe behavior
- ⊕ Express feelings
- ⊕ Specify desired behavior change
- ⊕ Communicate consequences

Let's try another one, but this time turn to your neighbor. One of you will role play as the SP and the other will portray the medical student. To help us with this activity, pull out the "Review Sheet" in your packets.

- ⊕ Those of you who are portraying the SP, think about one example of feedback that you have given with some regularity\*;
- ⊕ How could you share that information with the medical student?; and
- ⊕ Using the DESC technique, what would you actually say?

*Have the pairs "construct" the feedback into the DESC format:*

(D) When \_\_\_\_\_

(E) I felt \_\_\_\_\_

(S) I'd prefer \_\_\_\_\_

(C) Communicate Consequences

Those of you who are portraying the medical student should consider the two questions at the bottom of the "Review Sheet."

*After the brief role-play, ask the pairs to discuss whether the statement passed the feedback "litmus test."*

*\*If working with a group of new SPs, ask them to consider an actual doctor visit and what feedback they would have provided if given the opportunity.*

Now that you have a basic understanding about giving non-evaluative, descriptive feedback, let's discuss some important details about the feedback session. Pull out the document titled: "*Checklist for Constructive Feedback*" located in your packet.

## Feedback & DESC\*

- Describe
- Express
- Specify
- Consequence

## Role-Play



## Checklist Review

This checklist was developed to assist you in remembering some important guidelines when delivering feedback.

First, during the actual SP-learner encounter, be sure to identify 1-3 behaviors\* that you would like to focus on during your feedback session.

*\*This may vary depending on the nature and length of the feedback sessions. Feel free to revise accordingly. We have found that one to three behaviors is optimal for a 5 minute feedback session.*

You may be familiar with the term “feedback sandwich.” This means that the feedback session should begin and end with a positive statement. Although we don’t expect you to follow this rule precisely, we do expect you to begin and end on a positive note.

For example, begin by asking the learner how he/she felt the encounter went? OR “What he/she felt were the biggest communication challenges during the encounter.

Take a few moments to review the checklist items.

*Allow a couple minutes for review.*

Are there any questions about these items before we move on to the next section, “*What exactly are therapeutic communication skills?*”

*Address questions.*

## **Checklist Review (continued)**

## **Questions**

**?**

## D. Section II: "What Exactly Are Therapeutic Communication Skills?"

This section will present instruction to meet two of the objectives of the workshop

- ⊕ to *refine* your knowledge of the interpersonal skills essential to therapeutic relationships and
- ⊕ to *further develop* your observation skills in the area of interpersonal skills.

I'd like to begin with a quick comparison.

*(Remember, you are modeling inappropriate and appropriate verbal, para-verbal and non-verbal skills in 2 short role plays. Facilitator should portray the MD and a participant will portray the patient).*

Compare the first scenario with the second.

**I see here that you are having problems with your bladder.** *(Looking at chart on clip board, speaking quickly as if in a hurry).* **Do you have blood in your urine? Any pain?**

vs.

**Hello, Mr. Smith, I'm glad that you came to see me today. I understand that you're having some problems with your bladder. Can you tell me a little bit more about that?** *(Making eye contact, warm, caring tone, look of concern on physician's face, leaning slightly forward on the same level with the patient.)*

*(Ask participants to explain how these two scenarios differ. Wait for several examples before moving on to next activity.)*

### Objectives

- **Refine knowledge**
- **Further develop observation skills**

### Compare Scenarios

During the next few minutes, I would like you to recall examples of both effective and ineffective communication skills that you have observed during your interactions with medical students.

*(Ask novice SPs to recall personal experiences with their own healthcare providers.)*

*(Move the flip chart into place. Go to the flip chart page pre-printed with **Verbal Components** at top).*

What verbal components are involved in effective therapeutic communication?

*(Record responses, but be prepared to supplement and clarify, as well. **Vocabulary** should be **appropriate** to the patients level of understanding; Patients should be **greeted by name**; Physician should initiate **self-introduction**; **Explanations** should be organized and **clear**; Physician should use **restatement, reflection, and clarification** techniques to convey **active listening** and ensure accuracy of interpretation.)*

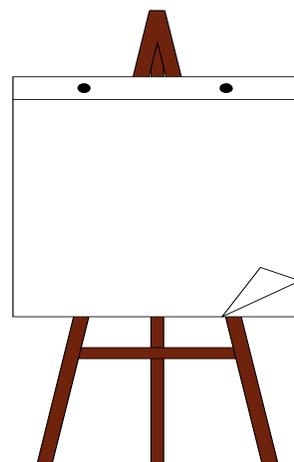
In addition to the words that we use to communicate, additional messages are sent just by how we say something - our voice tone, volume, inflection and emphasis.

These messages are referred to as **paraverbal communication (also termed “paralinguistic”)**

*(Go to pre-printed flip chart page entitled “Paraverbal Components”)*

*\*Paraverbal communication can be traced (in part) to the early works of Mehrabian (1968-71).*

## Verbal Components



## Paraverbal\* Components

Let me give you some examples, (*Go to the pre-printed flip chart and view the examples below.*)

- ⊕ Voice tone should be caring and empathetic
- ⊕ Voice volume should be appropriate (not too loud or too soft)

Can anyone give me some other examples of paraverbal components which are involved in effective therapeutic communication? (*Record responses, but be prepared to supplement and clarify, as well. Attitude should reflect warmth; Voice should be clear (easily understood)*)

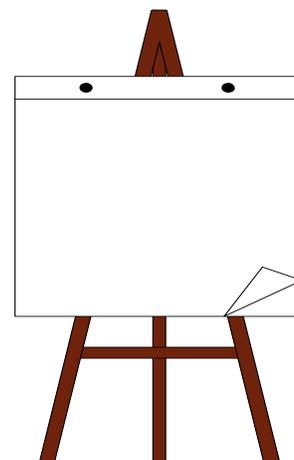
(*Go to pre-printed flip chart page entitled "Non-verbal Components"*)

Now let's take a look at **non-verbal communication**. Many have estimated that 95% or more of the messages we convey to others are communicated non-verbally.

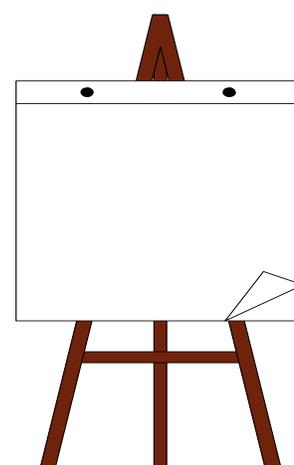
What non-verbal components are involved in effective therapeutic communication?

(*Record responses, but be prepared to supplement and clarify, as well.*) **Eye contact** should be appropriate (eye contact that demonstrates attentiveness but that doesn't make the person uncomfortable, for example, give "breaks" in eye contact), **facial expressions** congruent with content of speech, appropriate **gesturing** (not excessive, use for emphasis, demonstration), **proximity** (comfortable distance-arm's length apart), **posturing** (open, receptive, interested), and **positioning** (leaning slightly forward toward the patient), appropriate use of **touch** (touch for comfort to less provocative areas of the body -back of the hand, shoulder, back), **focus of attention** is on the patient and what the patient is saying (not on notes or other distractions)

## Paraverbal Components



## Non-verbal Components



What are the consequences of ineffective verbal, paraverbal and nonverbal components?

*(If time allows, record responses, otherwise just discuss).*

*The following are further examples: Consequences of Ineffective Verbal, Paraverbal and Non-verbal Interpersonal Skills are that the patient develops feelings of being treated **impersonally**, does not feel respected or valued as an individual (**discounted**), may feel **rushed, confused, frustrated, angry, embarrassed**, may feel **ignored**, not listened to or understood, but basically dissatisfied and **uncared for**. Lack of comfort in the relationship results in decreased trust in the physician's care and **reduced willingness** on the patient's part to disclose all the information that may be necessary for an accurate differential diagnosis.*

What effects do effective verbal, paraverbal, and non-verbal communication skills have upon the therapeutic relationship?

*(Record responses, if sufficient time to do so, otherwise just discuss)*

*The effects of effective verbal, paraverbal and non-verbal interpersonal skills are that the patient feels **respected, valued** as an individual, **listened to, understood, satisfied, and cared for**. This leads to belief in the therapeutic process- that the physician is interested, has the skills to help them. This confidence carries over to trust in the physician's advice (prescription for care) for their particular problem.*

What verbal, paraverbal and non-verbal interpersonal skills do you feel that the physician should possess in order to promote an effective, therapeutic relationship?

Take out one of the yellow forms titled "*Working List of Interpersonal Skills*" from your packet of materials.\* On it, you will find a list of

## Consequences of Ineffective Communication

## Impact of Effective Communication

**\*NOTE:** You may have an alternative checklist or rating scale that you would like your SPs to use. Feel free to supplement or replace the "*Working List...*" with your own instrument.

interpersonal skills important to an effective, therapeutic relationship. We will be using this as a checklist after viewing a SP-medical student interview. Read down the list. Are there any additions that you would like to make to the list?

*Allow participants a few moments to read the list. Survey suggestions/responses.*

We will now observe a videotape of an actual SP-medical student interview. This patient's name is \_\_\_\_\_. S/he is a \_\_\_\_\_ year old \_\_\_\_\_. S/he is complaining of

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Please watch this interview and fill out one of the “*Working Lists...*” located in your packet.

*Play the videotape. This tape should demonstrate an SP-student encounter which emphasizes communication skills. Any physical examinations may be excluded for sake of time.*

After viewing the tape, ask: What do you feel should be targeted in the feedback session?

*(Instruct the SPs to place a check beside the skills on the "Working List..." that would be targeted.)*

Would anyone like to volunteer a feedback comment that they might make in response to one of these areas?

OK, let's ask the group, do they meet the criteria to be both non-evaluative and descriptive?

### Interpersonal Skills Physician Should Possess



### Description Case Study #1



*If so* - Great.

*If not* - Let's see how we might state that feedback a little differently and still give the same message.

Any other feedback that we want to give this student?

*(Try to get 3-4 feedback responses.)*

\*Before we go on to section III, I want to take a moment to remind you of the importance of your role in this communication process. When delivering feedback to the medical students, bear in mind appropriate delivery skills.

For example, when giving constructive feedback on a serious issue make sure that your tone and body language are congruent with the information being conveyed. Often, when giving “negative” feedback, we might smile and speed up our speech to make the situation more “palatable”. This will minimize the seriousness of the information and leave the students unaware of the consequences of his/her behavior upon future interactions.

*\*Section III is optional and takes approximately one hour to complete. If you do not wish to continue with this portion of the workshop, please go to E: Closing and Optional Activity page 34.*

You all have done so well. It's time to practice!

## Practice Feedback Statements



## SPs as Effective Communicators

## **E. Section III: "Practice Makes Perfect!"**

At this time, I would like you to find a partner and sit next to him or her. We're going to take some time to role-play some of the skills we have been discussing. We will be watching two videotaped interviews. Following the tapes, you and a partner will role play the feedback session which would naturally follow the interview.

*Allow for learners to find a partner and move seats.*

The interview that you are about to watch depicts a patient named \_\_\_\_\_, a \_\_\_\_\_ year old \_\_\_\_\_ who has come into the clinic complaining of \_\_\_\_\_.

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While watching this interview, I would like you to keep in mind all of the therapeutic communication and feedback skills which we've just discussed.

There is another blank copy of the "*Working List...*" in your Participant's Packet. If you would like to, you may use it for notes to yourself.

### **Directions for Role-playing**

### **Description Case Study #2**

During the role-play exercise, one of you will take the role of the medical student while the other will assume the role of the SP. Why don't you decide now who will be playing the SP first?

After viewing the tape, take a couple of minutes to gather your thoughts and another 5 minutes or so to give the feedback to your partner. *If your feedback sessions are less than or greater than 5 minutes, feel free to adjust to role play to suit your schedule.*

*Turn on video. When finished. Instruct the learners...*

Now, please take a few minutes to gather your thoughts and then begin the feedback session.

*Allow 5 minutes for role-play exercise.*

Okay, lets now reconvene and discuss the exercise. First, what were some strengths which were displayed by the interviewer?

*Allow for a few responses.*

What were some deficits which were evident in this interview?

*Allow for a few responses.*

What type of feedback were those of you who portrayed the student given?

*Allow for a few responses.*

Did you find yourselves checking to make sure that your feedback specifically addressed behavior and that it was nonevaluative?

*Allow for responses.*

## Directions (continued)



## Role-play



## Discussion



Now, we will watch a third interview. This patient's name is \_\_\_\_\_. S/he is a \_\_\_\_ year-old \_\_\_\_\_ who has come to the clinic complaining of \_\_\_\_\_

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Following the tape, please switch roles with your partners and repeat the role-play exercise. Again, please take a few moments to gather your thoughts and use the “*Working List...*” to assist in giving feedback. Then take five minutes to give feedback to your partner.

*Turn on video. When finished. Instruct the learners...*

Now, please take a few minutes to gather your thoughts and then begin the feedback session.

*Allow 5 minutes for the role-play exercise.*

Okay, let's now reconvene and discuss the exercise.

First, what were some strengths which were displayed by the interviewer?

*Allow for a few responses.*

What were some deficits which were evident in this interview?

*Allow for a few responses.*

### Case Study #3 Description

### Instructions



### Role-play

### Discussion

What type of feedback were those of you who portrayed the student given?

*Allow for responses.*

Did you find yourselves checking to make sure that your feedback specifically addressed behavior and that it was nonevaluative?

## Optional Extension Activity

*If SPs have already been trained to portray a case, you may elect to conduct the following activity. Materials are included in Part III Participant Materials.*

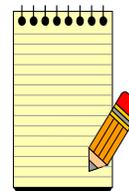
*Ask participants to break into groups of three and sit in a small circle.*

The purpose of this extension activity is to further reinforce your observation and feedback delivery skills. During this activity, you will work in teams of three: One of you will portray the patient, one will portray the interviewer, and the third person will serve as the observer.

The patient will be portraying his/her actual simulated case, the interviewer will be portraying a (medical student/resident) with certain prescribed communication skills, and the third participant will be observing the interaction and will serve as an assistant to the patient in providing feedback to the interviewer. Why don't you decide now who will be playing the SP, interviewer, and observer?

*Distribute appropriate instructions to group members and allow a few minutes to read and prepare for the role play activity.*

## Discussion



## Instructions & Assignments

I'd like you to now spend five minutes role playing. *Begin timing.*

Okay, please take a couple of minutes to gather your thoughts and another 5 minutes or so to give the feedback to your partner. *If your feedback sessions are less than or greater than 5 minutes, feel free to adjust to role play to suit your schedule.*

*Allow 5 minutes for feedback delivery.*

Okay, let's now reconvene and discuss the exercise.

First, what were some strengths which were displayed by the interviewer?

*Allow for a few responses.*

What were some deficits which were evident in this interview?

*Allow for a few responses.*

What type of feedback were those of you who portrayed the student given?

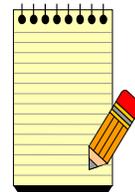
*Allow for a few responses.*

Did you find yourselves checking to make sure that your feedback specifically addressed behavior and that it was nonevaluative?

*Allow for responses.*

## Role-play

## Discussion



*If time permits, repeat the exercise two additional times. This would allow all participants to portray all three roles.*

*Distribute Interviewer #2 (and #3) Instructions to appropriate individuals.*

Please switch roles with your partners and repeat the role-play exercise. This time the interviewer will be portraying different prescribed communication skills.

*Begin timing the role-play activity. When finished. Instruct the learners...*

Now, please take a few minutes to gather your thoughts and then begin the feedback session.

*Allow 5 minutes for the second (third) feedback exercise.*

Okay, let's now reconvene and discuss the exercise.

What type of feedback were those of you who portrayed the student given?

*Allow for a few responses.*

Again, as the SP, did you find yourselves checking to make sure that your feedback specifically addressed behavior and that it was nonevaluative?

*Allow for responses.*

Did you have any specific difficulties delivering constructive feedback?

## **Instructions & Assignments**

## **Role-play**

## **Discussion**



## **F. Closing and Optional Activities**

You all have done a marvelous job. We want to thank you for attending. We hope that you have found it helpful and informative. If you have any additional comments or concerns regarding any of the information that has been shared, please feel free to speak to me about it. Thank you and good night.

### **Post-Test (Optional)**

*Direct participants to take up to 10 minutes to complete the post-test (see Section III Participant Materials). After collecting the post-tests distribute the answer sheets OR review with the group.*

### **Homework (Optional)**

*Ask participants to complete the worksheet titled, “Feedback Statement Critique Exercise.” This exercise is particularly helpful for those programs requiring written feedback from SPs.*

**Thank you  
& Good Night**

**Post-Test**

**Homework**

## **PART III: Participant Materials**

- **Workshop Schedule**
- **Workshop Objectives**
- **Working List of Interpersonal Skills**
- **Feedback Review Sheet**
- **Checklist for Delivering Constructive Feedback**
- **\*Optional Extension Activity Materials**
- **\*Pre- & Post-Tests (*Optional Activity*)**

(\*Optional role play activity materials and Pre-/Post-Tests should be distributed during the session and should not be included in the participant packets.)

## Focusing Feedback on Interpersonal Skills: A Workshop for Standardized Patients

### WORKSHOP SCHEDULE

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#### ***Introduction and Section I - "Is All Feedback Created Equal?"***

Welcome & Brief Introductions

Purpose of Workshop

*Begin Section I "Is all feedback created equal?"*

Defensive and Receptive Responses

Discussion of the characteristics of constructive, helpful feedback

Self-assessment of examples of past feedback

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#### ***Section II- "What Exactly Are Therapeutic Interpersonal Communication Skills?"***

Identify good and poor examples of verbal, paraverbal and non-verbal communication skills using 3 flip charts

Review the "working list" of interpersonal skills that contribute to the establishment of a therapeutic relationship.

Watch a video of a SP-medical student interview and complete a "working list" checklist

Determine, as a group, the interpersonal skills that should be targeted in this case and exactly how the feedback should be delivered.

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#### ***Section III - "Practice Makes Perfect!"***

View case #2 and complete a "Working List..."

Break up into pairs

Each partner will role play giving the appropriate feedback to the medical student in the video.

Each participant will "rate" the performance of their partner in addressing interpersonal skills in the role play and on the quality of the feedback given.

Reconvene, summarize, and discuss application of the skills learned.

View case #3 and complete a "Working List..."

Each partner will role play giving the appropriate feedback to the medical student in the video.

Each participant will "rate" the performance of their partner in addressing interpersonal skills in the role play and on the quality of the feedback given.

Reconvene, summarize, and discuss application of the skills learned.

Closing Remarks

# Workshop Objectives

**As Standardized Patients committed to medical education, you will have the opportunity to:**

- ***Reflect* on your ability to provide quality, constructive feedback;**
- ***Refine* your knowledge of the interpersonal skills essential to a therapeutic relationship;**
- ***Further develop* your observation skills in the area of interpersonal skills;**
- ***Practice* giving constructive feedback in a supportive and instructional environment.**

# Working List of Interpersonal Skills

## Did the medical student.....

### Verbal skills

Greet you appropriately?	Yes	No
Introduce themselves to you?	Yes	No
Personalize the interaction by calling you by name?	Yes	No
Use vocabulary at your level of understanding?	Yes	No
Use clear, organized explanations?	Yes	No
Use techniques of restatement, reflection and clarification to indicate that he/she was actively listening to you?	Yes	No
Use open-ended questions?	Yes	No
Allow sufficient time for a response before speaking?	Yes	No
Conclude interview by summarizing important points?	Yes	No
Other: _____	Yes	No
Other: _____	Yes	No

### Paraverbal Skills

Convey a warm, caring attitude through his/her voice tone?	Yes	No
Convey sensitivity to your concerns through his/her voice tone?	Yes	No
Communicate genuineness and empathy through his/her voice tone?	Yes	No
Use a clear voice that was easily understood?	Yes	No
Demonstrate interest in your situation through changes in inflection?	Yes	No
Demonstrate respect for privacy and confidentiality through voice volume? (not too loud or too soft)	Yes	No
Appropriate pacing of questions?	Yes	No
Other: _____	Yes	No
Other: _____	Yes	No

### Nonverbal Skills

Make comfortable eye contact with you? (attentive but with "breaks")	Yes	No
Display a range of facial expressions that are consistent with the content of speech?	Yes	No
Demonstrate interest in you as evidenced by his/her body position?	Yes	No
Display an open, receptive, interested posture?	Yes	No
Demonstrate respect for personal space by using appropriate distance?	Yes	No
Use gestures appropriately (occasional for emphasis, demonstration)?	Yes	No
Use therapeutic touch to comfort, console, if needed (to the less provocative areas of the body -back of the hand, shoulder, back)?	Yes	No
Have a relaxed but attentive posture?	Yes	No
Focus attention on you?	Yes	No
Use head nods appropriately?	Yes	No
Other: _____	Yes	No
Other: _____	Yes	No

NOTE: This list was developed for purposes of feedback training only. It is not intended for use as an evaluative tool in actual SP-student encounters. You may elect to replace this list with an alternative local instrument.

## Feedback Review Sheet

### ***"Focusing Feedback on Interpersonal Skills: A Workshop for Standardized Patients"***

One method of giving constructive feedback is to use a DESC script.

- ◆ You begin by **describing** (D) the behavior, without using any judgmental language.
- ◆ You then **express** (E) your feelings about how the behavior affected you, being sure to take responsibility for your feelings and not blaming your feelings on the person who exhibited the behavior.
- ◆ You then make a **specific** (S) recommendation for the way that you would prefer for the situation to be handled in the future.
- ◆ And you conclude with the positive or negative **consequence** (C) that would result.

An example of this kind of feedback is:

*"When you began asking me questions immediately after you walked through the door, I felt hurried and that you didn't really have the time to talk with me about my condition. I'd have preferred for you to have begun in a more relaxed manner. For example, saying "hello", introducing yourself, calling me by name, and slowing down the pace of your questions."*

When you generate feedback, check to make sure that it passes the Constructive Feedback "Litmus Test."

Does the feedback address specific behavior?

Yes or No.

Is the feedback non-evaluative?

Yes or No.

## **CHECKLIST FOR DELIVERING CONSTRUCTIVE FEEDBACK**

\_\_\_\_\_ Identify the time constraints of the feedback session & Identify feedback points during the simulated encounter.

***“Given the time frame, what key feedback points should I address?”***

\_\_\_\_\_ Ask the student whether he/she would like feedback. Feedback should be solicited rather than imposed.

***“Would you like to discuss the session and receive some feedback ?”***

\_\_\_\_\_ Begin the feedback session by allowing the student to describe how he/she felt the interaction went.

***“How do you feel the encounter went?” “What do you feel were your biggest communication challenges during this encounter?”***

\_\_\_\_\_ Begin with a positive statement.

***“What was the most outstanding behavior displayed by the medical student?”***

\_\_\_\_\_ Check your statements to assure that they pertain to specific behaviors the student can do something about.

***“Is this a behavior that the student has control over?”***

\_\_\_\_\_ Check your feedback statements against the “Feedback Litmus Test.”

***“Does the feedback address specific behavior? Is the feedback non-evaluative?”***

\_\_\_\_\_ Deliver feedback from the simulated patient’s perspective.

***“Does the feedback come from the “patient” or the simulator?”***

\_\_\_\_\_ Ask the student to rephrase the feedback to ensure clear communication.

***“Is the student clear about what I am stating?”***

\_\_\_\_\_ Ask the student if he/she has any feedback for you as an SP.

***“How can I better serve the medical students in my role as an SP?”***

\_\_\_\_\_ End the session with a positive feedback statement.

***“Did the student leave the session with constructive information?”***

## Section III: Optional Role-Play Activity Materials

*Three instructional sheets should be distributed to each 3-member team. Individuals should not share these instructions with their team members.*

Cut Here

### Instructions to Interviewer #1

As you interview this patient, you will be very rushed and impatient. You will not let the patient finish many of his sentences before you cut him off to ask your next question. You have a pre-determined set of questions for which you want answers. You are feeling behind schedule and are wanting to get out of the room to see your next patient.

Cut Here

### Instructions to Interviewer #2

As you interview this patient, you will be distracted and very relaxed. Your body language will be very open (you will be leaning back casually in the chair with your legs uncrossed, your eyes will be averted). Your thoughts will be “somewhere else” throughout the interview.

Cut Here

### Instructions to Interviewer #3

As you interview this patient, you will be very nervous and uncomfortable. Your body language will express this through nervous fidgets (movement of your legs, arms, OR the tapping of a pen). You will be uncertain of what to ask this patient and will want to avoid discussing any sensitive issues.

## Focusing Feedback on Interpersonal Skills: Feedback Skills Pre-Test

**Please respond to each question to the best of your ability. We do not expect you to know the answers to all of these questions at this point. If you do not know the answer to a question, you may leave it blank. Our intentions are for you to be quite familiar with these questions by the conclusion of this workshop.**

1. List two reasons why feedback is important in the learning process.
  
2. List two characteristics of constructive feedback.
  
- 3 – 7. Read each feedback response listed in the table below and indicate your assessment of the quality of the statement by circling your response to the following three questions:
  - Is the example evaluative (E) or non-evaluative (NE)?
  - Is the example descriptive (specific) (D) or non-descriptive (general) (ND)?
  - Is this feedback constructive (C)? That is, does it meet the criteria of being both non-evaluative and descriptive?

Feedback Response	Evaluative (E) or Non-Evaluative (NE)	Descriptive (D) or Non-Descriptive (ND)	Constructive (C) or Non-Constructive (NC)
3. When you reached over and touched the back of my hand when I started crying, I felt that you understood how difficult my situation had been for me."	E or NE	D or ND	C or NC
4. You spent the whole time looking at my chart and your notes instead of making eye contact with me.	E or NE	D or ND	C or NC
5. When you leaned forward when I started to tell you about my husband's drinking problem, I felt that you were sincerely interested in hearing about it.	E or NE	D or ND	C or NC
6. I didn't appreciate the way that you treated me like I was a small child, instead of an adult.	E or NE	D or ND	C or NC
7. You did a good job of giving me eye contact. Thank you for attending to your patient.	E or NE	D or ND	C or NC

## Focusing Feedback on Interpersonal Skills: Feedback Skills Post-Test

*Once again, please respond to each question to the best of your ability. If you do not know the answer to a question, leave the item blank. Thank you for participating in this important training session!*

1. List two reasons why feedback is important in the learning process.

2. List two characteristics of constructive feedback.

3 – 7. Read each feedback response listed in the table below and indicate your assessment of the quality of the statement by circling your response to the following three questions:

- Is the example evaluative (E) or non-evaluative (NE)?
- Is the example descriptive (specific) (D) or non-descriptive (general) (ND)?
- Is this feedback constructive (C)? That is, does it meet the criteria of being both non-evaluative and descriptive?

Feedback Response	Evaluative (E) or Non-Evaluative (NE)	Descriptive (D) or Non-Descriptive (ND)	Constructive (C) or Non-Constructive (NC)
3. When you reached over and touched the back of my hand when I started crying, I felt that you understood how difficult my situation had been for me."	E or NE	D or ND	C or NC
4. You spent the whole time looking at my chart and your notes instead of making eye contact with me.	E or NE	D or ND	C or NC
5. When you leaned forward when I started to tell you about my husband's drinking problem, I felt that you were sincerely interested in hearing about it.	E or NE	D or ND	C or NC
6. I didn't appreciate the way that you treated me like I was a small child, instead of an adult.	E or NE	D or ND	C or NC
7. You did a good job of giving me eye contact. Thank you for attending to your patient.	E or NE	D or ND	C or NC

## **PART IV: Support Material**

### **Enrichment**

The skills to give constructive, quality feedback need to be continuously practiced. To become habituated, Standardized Patients should be encouraged to complete the homework exercise and take the extra copy of the *Working List of Interpersonal Skills* and generate feedback in this regard.

### **Supplemental Information**

- 1. Homework (Optional Activity)**
- 2. Room Arrangement Diagram**
- 3. Trainer Evaluation Form**
- 4. Reference List**

# Homework

## Feedback Statement Critique Exercise

**Several actual feedback statements made by SPs are provided below. Review each statement. If you believe that the comment could be written in a more constructive manner, re-write the statement in the space provided. If not, leave the space blank.**

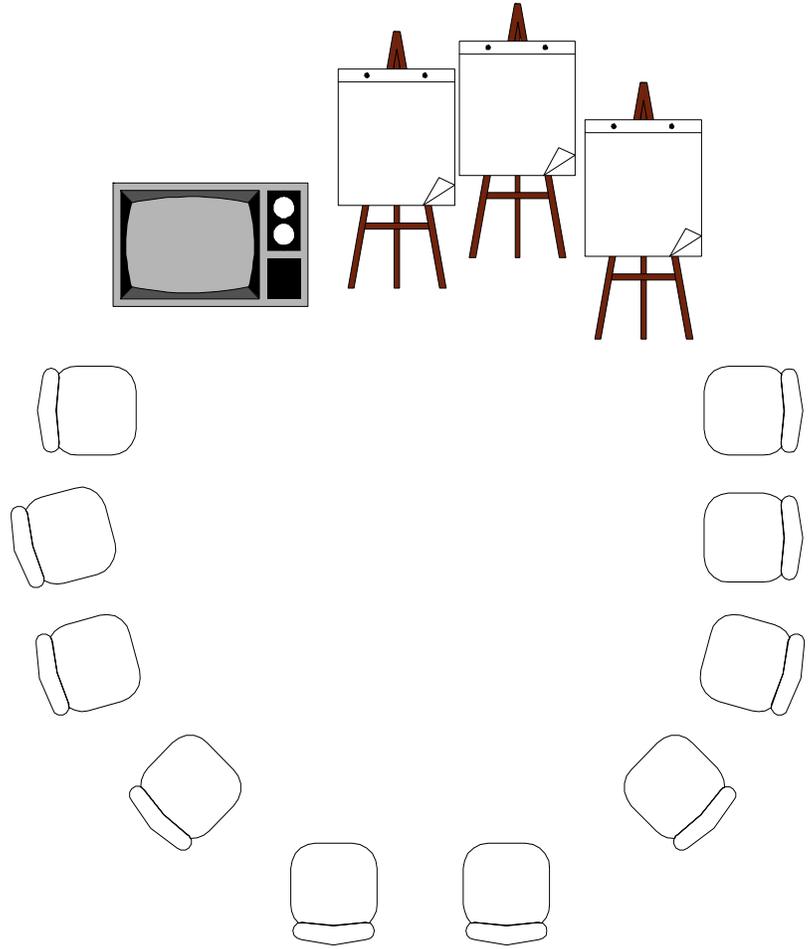
1) *"You did a good job on CAGE questions. Very natural. Perhaps family medical history would have been helpful in diagnosing my problem."*

2) *"As the patient, I felt that you did an excellent job during this interview. You (very effectively) summarized my symptoms at several points. This made me feel as though you understood what I was experiencing and were paying attention to what I had to say."*

3) *"Good empathy regarding the seriousness of the depression I was experiencing. Good eye contact. Did not cover medical or family history. You shouldn't look at your watch so often during patient encounters. Otherwise, nice job!"*

4) *"When you quickly entered without knocking, I felt somewhat rushed before we even got started. If you had knocked, made eye contact, and introduced yourself by name, I would have felt more at ease."*

# Room Arrangement Diagram



## Trainer Evaluation

*The authors would greatly appreciate any feedback from you regarding this workshop.  
Please return the completed form to the address given on page 2 of this manual.*

- |                                                                                                                                                                                                            |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Did you find the facilitator's manual clearly organized?                                                                                                                                                | Yes | No |
| 2. Did you find the background material informative?                                                                                                                                                       | Yes | No |
| 3. Did you find the materials list clear?                                                                                                                                                                  | Yes | No |
| 4. Were you able to use the checklist of facilitator's responsibilities to help you prepare for the workshop?                                                                                              | Yes | No |
| 5. Was the sample schedule helpful for your planning?                                                                                                                                                      | Yes | No |
| 6. Were the instructional objectives made clear to you?                                                                                                                                                    | Yes | No |
| 7. Were the instructional procedures sufficiently developed to allow you to facilitate the workshop without additional research or investigation of content?                                               | Yes | No |
| 8. Was sufficient time allotted to cover the content ?<br>If not, what time frame do you feel is needed?                                                                                                   | Yes | No |
| 9. Did you feel, at any time, over the course of the workshop that the participants were either bored and under stimulated or anxious and over stimulated?<br>If yes, when did you notice these responses? | Yes | No |
| 10. Was the content covered in Section I new to you?                                                                                                                                                       | Yes | No |
| 11. Was the content covered in Section II new to you?                                                                                                                                                      | Yes | No |
| 12. Were you satisfied with the materials contained in the Participant Packet?<br>If not, what would you prefer to see included?                                                                           | Yes | No |
| 13. Do you feel that this workshop was a good use of the participant's time?                                                                                                                               | Yes | No |
| 14. Do you feel that the content of this workshop is sufficiently valuable to require it of all SPs?                                                                                                       | Yes | No |
| 15. What suggestions do you have for improving this workshop?                                                                                                                                              |     |    |

*Please make any additional comments on the back of this form. Thank You!*

## Participant Evaluation

*The authors would greatly appreciate any feedback from you regarding this workshop.  
Please respond Yes, No or NR (Not Relevant).*

1. How much experience do you have as an SP simulating cases/scenarios? (Respond to 1a and 1b)
  - 1a. Cases:
 

<input type="checkbox"/> No experience (or initial training only)	<input type="checkbox"/> 1-3 separate cases/scenarios	<input type="checkbox"/> 4-6 cases/scenarios
<input type="checkbox"/> 7-9 cases/scenarios	<input type="checkbox"/> 10+ cases/scenarios	
  - 1b. Months/Years:
 

<input type="checkbox"/> <1 month	<input type="checkbox"/> 1-2 months	<input type="checkbox"/> 3-5 months	<input type="checkbox"/> 6-8 months	<input type="checkbox"/> 9-12 months
<input type="checkbox"/> 1.1-2 years	<input type="checkbox"/> 2.1-3 years	<input type="checkbox"/> 3.1-4 years	<input type="checkbox"/> 4.1-5 years	<input type="checkbox"/> 5+ years
  
2. What type of feedback have you provided to medical students/residents?
 

Oral Feedback.....	Yes	No
Written Feedback (Qualitative Comments).....	Yes	No
  
3. After participating in this workshop, do you now feel better prepared to provide constructive feedback to medical students or residents?..... Yes No
  
4. Do you believe that sufficient time was allotted to cover the content?.....Yes No  
If not, what time frame do you feel is needed?
  
5. Was the content covered in Section I, "*Is All Feedback Created Equal?*" new to you?..... Yes No
  
6. Was the content covered in Section II, "*What Exactly Are Therapeutic Communication Skills?*" new to you?..... Yes No
  
7. Were you satisfied with the materials contained in the Participant Packet? If not, what would you prefer to see included?..... Yes No
  
8. Do you feel that this workshop was a good use of the your time?..... Yes No
  
9. Do you feel that the content of this workshop was sufficiently valuable to require it of all SPs?..... Yes No
  
10. If you are an experienced SP, have you ever encountered any problems while giving feedback to a medical student or resident?..... Yes No NR  
If yes, please briefly describe:
  
11. What did you like most about this workshop?
  
12. What did you like least about this workshop?
  
13. What suggestions do you have for improving this workshop?

## Reference List

*The following are citations of several valuable resources.  
However, it is by no means extensive. Please visit your library for additional sources.*

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